

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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|--|----|------------------------|------------------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/564,182-Conf. #8012 |
| | | Filing Date | May 24, 2006 |
| | | First Named Inventor | Simon Doclo |
| | | Art Unit | 2615 |
| | | Examiner Name | Paul Disler |
| Total Number of Pages in This Submission | 21 | Attorney Docket Number | 22409-00388-US |

| ENCLOSURES <i>(Check all that apply)</i> | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination |
| <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Remarks </div> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------------|----------|--------|
| Firm Name | CONNOLLY BOVE LODGE & HUTZ LLP | | |
| Signature | /Michael G. Verga/ | | |
| Printed name | Michael G. Verga | | |
| Date | January 21, 2009 | Reg. No. | 39,410 |

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|--|------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2009</h2> | | Complete if Known | |
| | | Application Number | 10/564,182-Conf. #8012 |
| | | Filing Date | May 24, 2006 |
| | | First Named Inventor | Simon Doclo |
| | | Examiner Name | Paul Disler |
| | | Art Unit | 2615 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 22409-00388-US |
| TOTAL AMOUNT OF PAYMENT | (\$) | 1,300.00 | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| | | | | | | |
|--|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
| 19 | - 20 or HP | x | = | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 3 | - 3 or HP | x | = | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------|---------------|
| | - 100 = | /50 = | (round up to a whole number) x | = |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month | 490.00 |
| 1801 Request for continued examination (RCE) (see 37 ...) | 810.00 |

SUBMITTED BY

| | | | | | |
|-------------------|--------------------|-----------------------------------|------------------|-----------|----------------|
| Signature | /Michael G. Verga/ | Registration No. (Attorney/Agent) | 39,410 | Telephone | (202) 331-7111 |
| Name (Print/Type) | Michael G. Verga | Date | January 21, 2009 | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: January 21, 2009 Signature: /Michael G. Verga/ (Michael G. Verga)